



Mental Health Australia

Submission to the National Disability Insurance Scheme Review

Answering questions posed by National Disability Insurance
Scheme Review Co-Chair Professor Bruce Bonyhady AM

18 May 2023

Mentally healthy people,
mentally healthy communities

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Introduction

In its first decade of operation the National Disability Insurance Scheme (NDIS) has been life-changing for many Australians. However, people with psychosocial disability have faced a number of barriers in accessing the Scheme and implementing appropriate NDIS supports. The transition to the NDIS has also created significant challenges for the psychosocial support workforce and service providers both within and outside of the NDIS.

Since inception of the NDIS, Mental Health Australia has worked collaboratively with the Australian Government and its agencies to continuously improve the responsiveness of the NDIS to better meet the needs of people with psychosocial disability. This submission is a continuation of this work and provides answers to five questions posed to Mental Health Australia by NDIS Review Co-Chair Professor Bruce Bonyhady AM. The answers are informed by consultation with Mental Health Australia members and members of the National Mental Health Consumer and Carer Forum Psychosocial Disability Working Group. These answers are intended to inform the NDIS Review recommendations.

Question 1: How can we clarify eligibility for the National Disability Insurance Scheme in relation to psychosocial disability?

Mental Health Australia has long advocated for improvement to the NDIS access assessment approach for people with psychosocial disability. Changes are required both to the NDIS Rules governing eligibility and the practical implementation of the NDIS access assessment approach itself to clarify eligibility for the NDIS in relation to psychosocial disability.

NDIS Rules

The **2019 Tune review of the NDIS Act and the new NDIS Participant Service Guarantee** recommended the NDIS Act and Rules be amended to:

- a. “provide clearer guidance for the [National Disability Insurance Agency] NDIA in considering whether a psychosocial impairment is permanent, recognising that some conditions may be episodic or fluctuating
- b. remove references to ‘psychiatric conditions’ when determining eligibility and replace with ‘psychosocial disability’.”¹

The *NDIS Amendment (Participant Service Guarantee and Other Measures) Bill 2022* was passed and made changes to language in the NDIS Act from ‘psychiatric condition’ to

¹ David Tune, *Review of the National Disability Insurance Scheme Act 2013: Removing Red Tape and Implementing the NDIS Participant Service Guarantee* (2019), 14, <https://www.dss.gov.au/disability-and-carers-programs-services-for-people-with-disability-national-disability-insurance-scheme/review-of-the-ndis-act-report>.



‘psychosocial disability’. It also clarified that an impairment/s that is episodic or fluctuating may be taken to be permanent.²

Unfortunately, further changes proposed to change the *NDIS (Becoming a Participant) Rules 2016*, to provide clearer guidance for the NDIA in considering whether a psychosocial impairment is permanent, were not implemented. These changes appear to have been reliant upon proposed changes to the *NDIS Act 2013*, which would have given the Minister for the NDIS power to make rules about requirements that must be satisfied for an impairment to be considered permanent. There were strong concerns across the disability sector about this proposed increase to ministerial powers and ultimately the change was not pursued.³

There is, therefore, still a need to make changes to the *NDIS (Becoming a Participant) Rules 2016* to provide clearer guidance for the NDIA in considering whether a psychosocial disability is permanent. Changes to the *NDIS (Becoming a Participant) Rules 2016* currently require agreement between the Commonwealth and all jurisdictions.⁴ The process to develop changes to the rules should also include consultation with people with psychosocial disability and families and carers and other key stakeholders. It is critical that Australian Governments agree on new updated rules quickly, to provide clarity on eligibility for people with psychosocial disability.

Access assessment approach

In addition to the changes to the Rules, there also needs to be practical changes to the access assessment approach itself to clarify eligibility for people with psychosocial disability. People with lived experience of psychosocial disability, families, carers, Mental Health Australia members and others have previously articulated key elements of an appropriate NDIS access assessment approach for people with psychosocial disability as described here.

The NDIS access assessment approach should be **co-designed with people with lived and or living experience of psychosocial disability and carers and family**. People with lived and living experience of psychosocial disability and/or caring for someone experiencing psychosocial disability have unique expertise and should have the opportunity to co-design policies and programs that affect their lives. Genuine engagement with people with such experience results in greater empowerment and ownership of programs and delivers outcomes that target the issues that matter most to people accessing services.⁵ The National Mental Health Consumer and Carer Forum⁶ has developed two pieces of advice on **Consumer and Carer Engagement** and **Co-Design and Co-Production**, which the NDIA

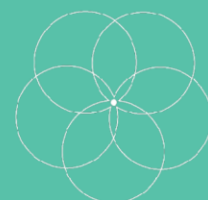
² Public Interest Advocacy Centre, “*Explainer: New changes to the NDIS Act*,” accessed 11 April 2023, <https://piac.asn.au/2022/04/06/explainer-new-changes-to-the-ndis-act/>.

³ Public Interest Advocacy Centre, “*Explainer: New changes to the NDIS Act*.”

⁴ See the *National Disability Insurance Scheme Act 2013*, Sections 27 and 209.

⁵ Julia Slay and Lucie Stephens, *Co-production in mental health: A literature review* (2013), https://neweconomics.org/uploads/files/ca0975b7cd88125c3e_ywm6bp311.pdf.

⁶ The National Mental Health Consumer and Carer Forum (NMHCCF) describes itself as “a combined national voice for mental health consumers and carers.” “NMHCCF members represent mental health consumers and carers on a large number of national bodies, including government committees and advisory groups, professional bodies and other consultative forums and events.” “Members use their lived experience, understanding of the mental health system and communication skills to advocate and promote the issues and concerns of consumers and carers.” See: <https://nmhccf.org.au/about>.



should draw on in engaging with people with lived and or living experience of psychosocial disability and carers and family on design of the access assessment approach.

The NDIS access assessment approach should include a **proactive outreach** function to support people to learn about the NDIS and start the NDIS access assessment process. Some of the most vulnerable people with psychosocial disability require proactive outreach and support to learn about and apply for the NDIS.^{7,8,9,10} However, there is a lack of proactive outreach to support people to access the scheme. In 2020-21, the NDIA funded Mental Health Australia to manage a NDIS Community Connectors program to deliver this support to people with psychosocial disability who were homeless or at risk of homelessness.¹¹ Despite the program supporting 366 people to submit an access request, funding was not continued beyond its first year of operation. The NDIS access assessment approach should include a similar proactive outreach function to assist people with psychosocial disability to access the NDIS. Without such a function, people who are most in need of NDIS services will not access the scheme.

NDIA and partner staff who interact directly with people with psychosocial disability throughout the access assessment process and those who are making access assessment decisions should have **psychosocial disability specific skills, knowledge and experience**. The need for such expertise was identified early in the scheme's implementation.¹² Through the NDIS Psychosocial Disability Recovery-Oriented Framework, the NDIA has committed to "Develop and implement learning and development strategies to deliver psychosocial disability competencies and skills required for NDIA and partner staff."¹³ This work should be expedited because people with psychosocial disability and carers and family are feeling the impact of this lack of expertise daily.

The NDIS access assessment approach should be **recovery-oriented**. The National Framework for recovery-oriented mental health services describes recovery-oriented practice as "The application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations."¹⁴ This approach should be taken into account both in design of access assessment processes and in the skillset required of NDIA and partner staff who will be interacting directly with prospective participants throughout the access assessment process.

The NDIS access assessment approach should be **Trauma-Informed**. The Mental Health Coordinating Council of NSW describes Trauma Informed Care and Practice (TICP) as "an approach which recognises and acknowledges trauma and its prevalence, alongside

⁷ Mental Health Australia, *National Disability Insurance Scheme: Psychosocial Disability Pathway* (2018), <https://mhaustralia.org/report/ndis-psychosocial-pathway-project-final-report>.

⁸ David Tune, *Review of the National Disability Insurance Scheme Act 2013: Removing Red Tape and Implementing the NDIS Participant Service Guarantee*.

⁹ Dr Karen Jordan and Dr Emma Tseris, *Engage-In Research Project: Access to the NDIS for people with psychosocial disability living in institutional settings: Exploring the details of effective advocacy* (2022), <https://pwd.org.au/engage-in-final-research-report/>.

¹⁰ David Tune, *Review of the National Disability Insurance Scheme Act 2013: Removing Red Tape and Implementing the NDIS Participant Service Guarantee*, 88.

¹¹ Mental Health Australia, *Outreach and connection: NDIS National Community Connectors Program for people with psychosocial disability: Final Report* (2021), <https://mhaustralia.org/ndis-psychosocial-community-connectors-program>.

¹² Mental Health Australia, *National Disability Insurance Scheme: Psychosocial Disability Pathway*.

¹³ National Disability Insurance Agency, *National Disability Insurance Scheme: Psychosocial Disability Recovery-Oriented Framework* (2021), 13, <https://www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis>

¹⁴ Australian Health Ministers' Advisory Council, *A national framework for recovery-oriented mental health services* (2013), 2, <https://www.health.gov.au/resources/publications/a-national-framework-for-recovery-oriented-mental-health-services-guide-for-practitioners-and-providers>.



awareness and sensitivity to its dynamics, in all aspects of service delivery.” “TICP is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and interpersonal violence and the prevalence of these experiences in persons who receive mental health services.” “TICP is a strengths-based framework that is responsive to the impact of trauma, emphasising physical, psychological, and emotional safety for both service providers and survivors; and creates opportunities for survivors to rebuild a sense of control and empowerment.”¹⁵ These elements of a Trauma-Informed approach should be present throughout the NDIS access assessment process.

The NDIS access assessment approach should be **person-led**. The National Mental Health Consumer and Carer Forum describes person-led approaches as requiring clinicians and services to focus on the individual, not the service. This means:

- “respecting where the individual is at now, their journey, dreams and goals
- matching the services and support with the person’s needs
- working in partnership with the individual, families/ carers to ascertain the person’s capacities and strengths.”¹⁶

These key elements of a person-led approach should be evident throughout the NDIS access assessment process.

The NDIS access assessment approach should also be **safe** for First Nations Australians, the LGBTQIA+ community and culturally and linguistically diverse communities.

Mental Health Australia’s **Report to the Nation** found that First Nations Australians provided lower overall mental health ratings than non-First Nations Australians. First Nations Australians were also more likely than other Australians to experience several barriers to service provision, including fear of discrimination, previous negative experiences and financial barriers.¹⁷ Although Mental Health Australia welcomes the recent increase in the number of First Nations receiving NDIS support,¹⁸ it is important that the NDIA continues to ensure its NDIS access assessment approach is culturally safe for First Nations Australians with psychosocial disability. Mental Health Australia welcomes work already undertaken by the NDIA with First People’s Disability Network¹⁹ and the National Aboriginal Community Controlled Health Organisation to improve its responsiveness to First Nations people experiencing disability. Mental Health Australia also welcomes the announcement that a new NDIS First Nations Strategy will be developed.²⁰ The NDIA should continue to engage with Aboriginal and Torres Strait Islander organisations, which have specific expertise in Aboriginal and Torres Strait Islander social and emotional wellbeing, in continually improving the NDIS access approach to ensure it is safe for First Nations people with psychosocial disability.

¹⁵ Mental Health Coordinating Council, “Trauma-informed care and practice”, accessed May 1 2023, <https://mhcc.org.au/publication/trauma-informed-care-and-practice-ticp/>.

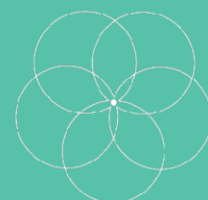
¹⁶ National Mental Health Consumer and Carer Forum, “Transforming ‘Person-Centred’ to ‘Person-Led’ Approaches,” last modified May 1 2021, <https://nmhccf.org.au/our-work/advocacy-briefs/transforming-person-centred-to-person-led-approaches?highlight=WyJwZXJzb24iLCJwZXJzb24ncyIsImxIZCIsInBlcnNvbiBsZWQiXQ==>.

¹⁷ Mental Health Australia, *Report to the Nation (2022)*, 9, <https://mhaustralia.org/report/2022-report-nation>.

¹⁸ Senator the Hon Malarndirri McCarthy, “More First Nations Australians receiving NDIS support”, accessed May 15, 2023, <https://www.health.gov.au/ministers/senator-the-hon-malarndirri-mccarthy/media/more-first-nations-australians-receiving-ndis-support>.

¹⁹ National Disability Insurance Agency, “First Nations Strategy”, accessed May 15, 2023, <https://www.ndis.gov.au/about-us/strategies/first-nations-strategy>.

²⁰ Senator the Hon Malarndirri McCarthy, “More First Nations Australians receiving NDIS support”.



Mental Health Australia's **Report to the Nation** research also found LGBTQIA+ Australians reported significantly lower overall mental health and more barriers to accessing support compared to others in the community.²¹ LGBTQIA+ people with disability face particular barriers to accessing support services, including discrimination and lack of understanding.²² The NDIS application process should be safe and inclusive for LGBTQIA+ Australians with disability. Mental Health Australia welcomes work already undertaken through the NDIS LGBTQIA+ Strategy to improve the responsiveness of the scheme to LGBTQIA+ Australians with disability. The NDIA should continue to engage with LGBTQIA+ organisations and representatives with expertise in psychosocial disability to continually improve the safety of its access assessment approach for this community.

Mental Health Australia also welcomes the NDIA's work under its Cultural and Linguistic Diversity Strategy.²³ In particular, Mental Health Australia welcomes the NDIA goal that "NDIS policies, procedures and ICT systems enable equitable access and participation for CALD participants (including for access, planning and implementation). This means that cultural and linguistic considerations are continually and effectively implemented to promote culturally safe and welcoming experiences with the NDIA and [its] partner organisations."²⁴

Mental Health Australia manages the **Embrace Multicultural Mental Health project**. This project provides a national focus on mental health and suicide prevention for people from culturally and linguistically diverse backgrounds. It includes the Framework for Mental Health in Multicultural Australia, which is a free, nationally available online resource which allows organisations and individual practitioners to evaluate and enhance their cultural responsiveness. This framework should be considered as a part of the work the NDIA undertakes with people from culturally and linguistically diverse communities.

The NDIS access assessment approach should be delivered at **no cost to the prospective participant**. People with a disability are more likely to have a lower income or be in receipt of Government benefits than people without disability.²⁵ The Productivity Commission Inquiry into Mental Health highlighted out-of-pocket costs as a major barrier to people receiving mental health support.²⁶ Given people with disability are already facing lower incomes and high out of pocket costs for essential mental health services, the NDIA access assessment approach should not place extra financial burden on people with disability. This would only serve to create a barrier to entry to the scheme for those who most need it.

The NDIS access assessment approach should include use of **information from current medical or allied health professionals who know the participant well** (not independent assessors) where this is possible. Assessors who do not have an existing relationship with the person, and/or who don't have the necessary skills and experience in working with someone who experiences psychosocial disability, are not best placed to assess their functional capacity.

²¹ Mental Health Australia, *Report to the Nation*, 11.

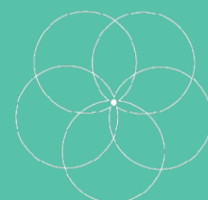
²² O'Shea A, Latham JR, McNair R, Despott N, Rose M, Mountford R, Frawley P. "Experiences of LGBTQIA+ People with Disability in Healthcare and Community Services: Towards Embracing Multiple Identities.", *Int J Environ Res Public Health*. 17,21 (2020) doi: 10.3390/ijerph17218080.

²³ National Disability Insurance Agency, "*Cultural and Linguistic Diversity Strategy*", accessed May 15, 2022, <https://www.ndis.gov.au/about-us/strategies/cultural-and-linguistic-diversity-strategy>

²⁴ National Disability Insurance Agency, *CALD Strategy 2023-27: Discover Phase Report*, 9.

²⁵ Australian Institute of Health and Welfare, "People with disability in Australia," last modified July 5, 2022, <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/income-and-finance/income>.

²⁶ Productivity Commission, *Mental Health* (2020), 156, <https://www.pc.gov.au/inquiries/completed/mental-health/report>.



Mental Health Australia members also advised that the NDIS access assessment approach for people with psychosocial disability should take into account the context in which people live and the **impact of functional impairment across the various domains of people's lives**, not just mental health symptoms. The assessment approach should **focus on functional impairment, not diagnosis**. It should not be a point in time assessment but rather have a focus on **how functional impairment fluctuates over time**. The NDIS access assessment approach should also include **options for input from trusted others, including carers and family** where there is agreement from the prospective participant for this to occur. There should also be **options for face-to-face interactions** where this is the preference of the prospective NDIS participant.

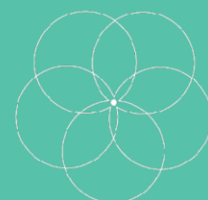
Recommendation 1

Australian Governments should make changes to the *NDIS (Becoming a Participant) Rules 2016* to clarify eligibility for people with psychosocial disability. The process to develop the changes should include consultation with people with psychosocial disability and carers and families and other key stakeholders.

Recommendation 2

The NDIA should co-design a better approach to NDIS assessment with people with psychosocial disability, families, carers, service providers, health professionals and other key stakeholders. This new approach should:

- be co-designed with people with lived and living experience of psychosocial disability and carers and family
- include a proactive outreach function
- be administered by people with psychosocial disability specific skills, knowledge and experience
- be recovery-oriented, trauma informed and person-led
- be at no cost for the prospective participant
- be safe for Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people and LGBTQIA+ people
- gather information from current medical or allied health professionals who know the participant well, not independent assessors
- consider functional impairment, not diagnosis
- take into account the context within which people live
- include options for carer and family input, where there is agreement from the prospective participant
- provide options for face-to-face interactions, where this is the preference of the prospective participant.



Question 2: What could early intervention for people with psychosocial disability look like?

People with psychosocial disability can benefit from a range of early intervention options, delivered both through mainstream services and through the NDIS. It is important to note that early intervention does not necessarily mean interventions occurring early in life. Early intervention can also occur for example early in onset of symptoms or early in identification of particular risk factors occurring, throughout a person's life.

In 2016, the University of Melbourne and Mind Australia collaborated on a literature review on effective, evidence-based psychosocial interventions suitable for early intervention in the NDIS.²⁷ The review “confirmed that there is significant evidence that people with psychosocial disability make significant gains in their capacity to engage in social and economic participation if they are offered early intervention.”²⁸ The review also suggested “that, in the NDIS context, it may enable people to reduce their reliance on the Scheme into the future, hence reducing costs over time. It may also reduce pressure on other health and welfare services”.²⁹

The review determined that in particular the NDIA should examine education for families as well as “social skills, illness self-management, peer support and consumer networks as potentially valuable and effective early interventions.”³⁰ The review also suggested the NDIS should facilitate access to supported employment and education services, cognitive remediation, outreach treatment and support services, cognitive behavioural therapy for psychosis, supported housing and physical health management programs.³¹

Mental Health Australia members also highlighted the importance of quick access to psychiatrists and other allied health workers as a form of early intervention. This is covered in more detail under Question 4 below. In addition, Mental Health Australia members noted the importance of access to respite care for families as an important form of early intervention.

Some of the above-mentioned early intervention initiatives could be well placed for NDIS funding. For example, the Australian Governments' *Principles to Determine the Responsibilities of the NDIS and other Service Systems* itself states “Investments in psychosocial early intervention supports for people with early onset psychosis may improve

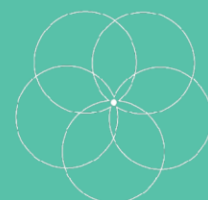
²⁷ University of Melbourne and Mind, *Effective, evidence-based psychosocial interventions suitable for early intervention in the National Disability Insurance Scheme (NDIS): promoting psychosocial functioning and recovery* (2016), www.mindaustralia.org.au/sites/default/files/publications/Effective_evidence_based_psychosocial_interventions_full_report.pdf.

²⁸ University of Melbourne and Mind, *Effective, evidence-based psychosocial interventions suitable for early intervention in the National Disability Insurance Scheme (NDIS): promoting psychosocial functioning and recovery*, 19.

²⁹ University of Melbourne and Mind, *Effective, evidence-based psychosocial interventions suitable for early intervention in the National Disability Insurance Scheme (NDIS): promoting psychosocial functioning and recovery*, 19-20.

³⁰ University of Melbourne and Mind, *Effective, evidence-based psychosocial interventions suitable for early intervention in the National Disability Insurance Scheme (NDIS): promoting psychosocial functioning and recovery*, 21.

³¹ University of Melbourne and Mind, *Effective, evidence-based psychosocial interventions suitable for early intervention in the National Disability Insurance Scheme (NDIS): promoting psychosocial functioning and recovery*, 21.



whole-of-life outcomes for individuals, consistent with the insurance principles of the NDIS...³² This document commits governments to consider this issue in the implementation of the NDIS and other government programs. It is not clear whether Australian Governments' continued consideration of this issue has resulted in tangible action.

While some of the above-mentioned early intervention initiatives could be funded through the NDIS, others are the responsibility of service systems outside the NDIS. The murkiness at the interface between the NDIS and other services is a barrier to strong and confident investment by governments in early intervention.

Through the NDIS Psychosocial Disability Recovery-Oriented Framework the NDIA has committed to “establish a national working group with representation from NDIA and state and territory Governments” to “monitor the development and implementation of agreed protocols and improved practices” on how NDIS and mental health services work together.³³ This is a great first step. In addition, continued and broader work is needed to ensure a more collaborative approach at the interface between NDIS and other service systems, if blockages around early intervention funding are to be addressed.

Recommendation 3

Australian Governments should work together to ensure there are no gaps in service responsibility at the interface between the NDIS and other services.

Recommendation 4

Australian Governments should fund early intervention for psychosocial disability both through and outside of the NDIS.

Question 3: What should Tier 2 supports look like?

Tier 2 supports outside the NDIS for people with psychosocial disability should include adequate psychosocial services to meet need. Psychosocial support services are recovery-oriented services which support people experiencing mental illness to manage daily activities, rebuild and maintain connections, participate in education and employment, live well in their community and work towards their goals and aspirations.

The Productivity Commission Inquiry into Mental Health estimated that 154,000 people who need psychosocial support would be unable to access it under current policy settings.³⁴ It estimated it would cost between \$373 and \$1,085 million per year to fill this gap.³⁵

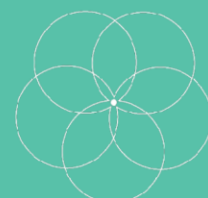
Under the National Mental Health and Suicide Prevention Agreement, Australian Governments are currently estimating the gap in psychosocial services outside the NDIS

³² Australian Governments, *Principles to Determine the Responsibilities of the NDIS and Other Service Systems* (2015), 6, www.dss.gov.au/sites/default/files/documents/09_2021/ndis-principles-determine-responsibilities-ndis-and-other-service-1.pdf.

³³ National Disability Insurance Agency, *National Disability Insurance Scheme: Psychosocial Disability Recovery-Oriented Framework* (2021), 10, www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis.

³⁴ Productivity Commission, *Mental Health*, 827.

³⁵ Productivity Commission, *Mental Health*, 1147.



and are due to report back by March 2024.³⁶ Governments committed to maintain the current psychosocial support programs outside the NDIS while this gap analysis was underway.³⁷ the Australian Government recently committed “\$260.2 million over two years from 2023-24 to extend Commonwealth psychosocial supports for people with severe mental illness who are not in the National Disability Insurance Scheme.”³⁸ This funding appears to maintain Commonwealth funded psychosocial services outside the NDIS similar to previous levels.

In summary, even if the original intent of the Tier 2 referral support was being effectively implemented, there is a significant gap in psychosocial support outside the NDIS to refer people to. As the Minister for the NDIS acknowledges, this lack of access to psychosocial services is a key risk in containing long-term costs of the NDIS, as people with psychosocial disability have very limited options for support outside the Scheme.³⁹ The Minister for the NDIS has also highlighted the role of State Governments in ensuring an adequate community mental health system exists outside the NDIS.⁴⁰

Stakeholders consulted in development of this submission outlined some key elements for psychosocial support outside the NDIS, including:

- incorporating good practice drawn from previously well implemented programs (for example being holistic, person-centred, recovery-focussed, trauma-informed, co-designed and culturally safe)
- staffed by a diverse and multidisciplinary workforce, which includes but is not limited to peer workers
- proactive outreach to support people with psychosocial disability to access the service
- both one on one and group support
- effective step-down services to assist people with psychosocial disability to transition from hospital to the community
- funding to meet the level of need
- funding certainty to enable confident commitment to service delivery
- formed on best practice knowledge, such as the World Health Organization’s [Guidance on community mental health services](#)
- not time limited
- an outcomes framework, based on what outcomes are most important for people with psychosocial disability – with monitoring and accountability measures
- services for carers and families
- needs based rather than population-based funding allocation
- well integrated with other services across the social determinants of mental health.

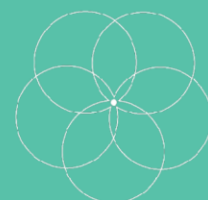
³⁶ Australian Governments, *National Mental Health and Suicide Prevention Agreement* (2022), <https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement>.

³⁷ Australian Governments, *National Mental Health and Suicide Prevention Agreement*.

³⁸ Australian Government, *Budget Measures; Budget Paper No.2* (2023), 139, <https://budget.gov.au/content/bp2/index.htm>.

³⁹ Minister Bill Shorten (2023), as cited in Natassia Chrysanthos, Sydney Morning Herald, ‘*Only lifeboat in the ocean*’: NDIS drowning as families seek support for children, (March 30 2023), <https://www.smh.com.au/politics/federal/schools-mental-health-system-need-to-improve-disability-support-shorten-20230330-p5cwow.html>.

⁴⁰ Hon. Bill Shorten MP (2023), ‘*Address to the National Press Club – Questions and Answers*,’ (April 18 2023), <https://ministers.dss.gov.au/speeches/10911>.



Recommendation 5

As recommended by the Productivity Commission Inquiry into Mental Health, Australian Governments should fund psychosocial support outside the NDIS to meet need.⁴¹

Question 4: How should National Disability Insurance Scheme participants get appropriate psychiatric and allied health support?

Mental Health Australia has long advocated for a community focussed system of mental health treatment and support. NDIS participants face unique challenges in accessing allied health supports due to confusion about responsibilities at the interface between the NDIS and other systems. But there is a need to increase affordability of and ease of access to psychiatric and allied health support for people with psychosocial disability regardless of whether they are NDIS participants or not.

The Better Access initiative provides Medicare rebates for people with mental ill-health to access some mental health services in the community, but a recent evaluation of this initiative found there were key issues around equity of access and that patient co-payments have substantially risen, with the median co-payment for any Better Access treatment service increasing from \$74 per session in 2021 to \$90 per session in 2022.⁴² Participants in the various studies undertaken to inform the Better Access Evaluation stated affordability was a major concern.⁴³ This confirmed findings by the ABS that the proportion of people who reported cost was the reason for delaying or not seeing a health professional for their mental health rose from 12.0% in 2020-21 to 16.7% in 2021-22.⁴⁴ It also confirms barriers to accessing mental health care identified by the Productivity Commission Inquiry into Mental Health, including service under-provision, locational mismatch and out-of-pocket costs.⁴⁵

Mental Health Australia understands the Australian Government to be developing its response to the Better Access Evaluation. The Minister for Health and Aged Care announced “\$100,000 to establish a regular stakeholder forum to increase transparency, accountability and partnership with the sector”⁴⁶ in relation to its response to the Better Access Review. It is critical that this response both equitably increases access to services for people with severe mental illness and considers how the Better Access initiative integrates with the broader system.

⁴¹ Productivity Commission, *Mental Health* (2020), 866, <https://www.pc.gov.au/inquiries/completed/mental-health/report>.

⁴² University of Melbourne, *Evaluation of Better Access* (2022), 326, <https://www.health.gov.au/resources/collections/evaluation-of-the-better-access-initiative-final-report>.

⁴³ University of Melbourne, *Evaluation of Better Access*, 326.

⁴⁴ Australian Bureau of Statistics, “Patient Experiences,” accessed 4 May 2023, <https://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release#experience-of-mental-health-services>.

⁴⁵ Productivity Commission, *Mental Health*.

⁴⁶ The Hon Mark Butler MP, “Elevating people with lived experience of mental ill-health to drive reform,” accessed May 18, 2023, <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/elevating-people-with-lived-experience-of-mental-ill-health-to-drive-reform>.



Mental Health Australia will continue to advocate for an appropriate system of treatment and support for people experiencing complex or chronic mental ill-health, which is community focussed, multidisciplinary, trauma-informed and recovery-oriented to be designed and implemented. While this system is designed and implemented Mental Health Australia will advocate for the temporary COVID-19 measure to subsidise an additional 10 sessions under Better Access to be reinstated, in a manner which carefully targets these sessions to people experiencing complex or chronic mental ill-health.

The Australian Government in partnership with State and Territory Governments is also in the process of establishing adults and kids mental health and wellbeing centres across the country. There is an opportunity for these centres to provide multidisciplinary, team-based care, which should be underpinned by inter-professional collaboration.

In the short term integration should be improved between the NDIS and mainstream supports to ensure people with psychosocial disability receive the holistic support they need, whether that be health, allied health, housing, employment or other services. As mentioned above, the NDIS Psychosocial Disability Recovery-Oriented Framework has identified specific actions to address issues at the interface between NDIS and mental health services.

In the long term, there is a need to continue to build a community focussed mental health system, which provides holistic care affordably to people with psychosocial disability, whether they are NDIS participants or not.

Recommendation 6

Integration should be improved between NDIS and mainstream supports to ensure people with psychosocial disability receive the holistic support they need.

Recommendation 7

The Australian Government should undertake further work to increase affordability of and access to psychiatric and allied health support for all people with psychosocial disability, whether NDIS participants or not.

Question 5: How could we shape the National Disability Insurance Scheme to better meet the needs of people with psychosocial disability, and so produce better outcomes for all participants?

Mental Health Australia has welcomed the NDIA's development of the NDIS Psychosocial Disability Recovery-Oriented Framework and its five principles: supporting personal recovery, valuing lived experience, NDIS and mental health services working together, supporting informed decision making, being responsive to the episodic and fluctuating nature of psychosocial disability and a stronger NDIS recovery oriented and trauma informed workforce. Its full implementation is an important first step to move the NDIS towards a scheme which better responds to psychosocial disability.



This section further outlines issues which are either partially or not addressed by the Framework and therefore should be the focus of the NDIS Review recommendations. Implementation of the recommendations below would not only benefit NDIS participants with psychosocial disability but also make way for broader Scheme reforms to increase disability-specific expertise and models for capacity-building supports to benefit all participants.

NDIS pricing

One issue, which could partially be addressed through implementation of the Framework is that NDIS pricing does not currently support a recovery-oriented psychosocial workforce. Pricing for NDIS supports designed to assist people with psychosocial disability fails to acknowledge the cost drivers of recovery-oriented psychosocial service delivery. It is unclear how an organisation could maintain a sustainable, skilled and supported workforce operating purely within NDIS pricing structures. It would be difficult for any organisation to meet essential requirements such as one-on-one professional supervision and development, investment in quality and improvement and an adequate hourly rate to attract and retain people with required skills, experience and qualifications at the current pricing levels.

The NDIS Psychosocial Disability Recovery-Oriented Framework commits the NDIA to “update the current psychosocial recovery coach support item.”⁴⁷ In a joint submission with the Mental Illness Fellowship of Australia and Community Mental Health Australia to this Review we recommend that this update be broadened to include other support items designed to benefit people with psychosocial disability and that the NDIA also explore whether:

- a) availability of alternate funding arrangements (such as pooled funding, subscriptions, memberships, full-course fees in advance, much more lenient cancellation policies) might better enable recovery-oriented support for participants with psychosocial disability.
- b) some combination of block funding and fee-for-service funding might in some circumstances better enable and/or make possible the necessary investments in recovery-orientated practices, skilled staff and systems.

In addition, Mental Health Australia members have reported some instances where the price charged by service providers has been increased due to NDIS funding. The Minister for the NDIS, the Hon Bill Shorten MP, also spoke of this issue in his recent National Press Club presentation.⁴⁸ Mental Health Australia members recommended that support is required to assist NDIS participants and families to make decisions around fair pricing for supports.

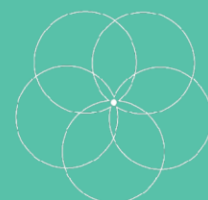
The makeup of NDIS plans for people with psychosocial disability

In addition to pricing itself, stakeholders have raised concerns about the make-up of NDIS Participant Plans. Plans for people with psychosocial disability are heavily weighted towards core supports (which “enable participants to complete activities of daily living”⁴⁹) rather than capacity building support (which “support and enable a participant to build their

⁴⁷ National Disability Insurance Agency, *National Disability Insurance Scheme: Psychosocial Disability Recovery-Oriented Framework*, 8.

⁴⁸ The Hon. Bill Shorten MP, *Address to the National Press Club: 18 April 2023*.

⁴⁹ National Disability Insurance Agency, *Pricing and Arrangements and Price Limits: 2022-23 (2023)*, 11, accessed May 17, 2023, <https://www.ndis.gov.au/providers/pricing-arrangements>.



independence and skills”⁵⁰). The average NDIS plan for a person with psychosocial disability includes approximately 20% of funding committee to capacity building supports and approximately 80% for core supports as at Quarter 2 of 2022-23.⁵¹ Stakeholders have raised concerns that this heavy reliance on core supports creates a state of dependency, rather than building independence, which capacity building supports are more likely to do.

In 2018 Mental Health Australia led a project which brought together, for the first time, service level data from community based mental health programs to present a picture of how people with psychosocial disability were supported in ‘pre-NDIS’ programs. The **final Optimising Psychosocial Supports project report** offers adjustments to the typical support packages for people with psychosocial disability. The report proposes new typical support packages, which offer more focus on capacity building, while ensuring the necessary foundational core supports are still in place.

Responding to the episodic nature of psychosocial disability

Mental Health Australia stakeholders raised concerns that the NDIS does not respond effectively to the episodic nature of psychosocial disability. In particular, stakeholders noted fears around much needed supports being removed at plan review if they weren’t used in the reviewed period. Psychosocial disability is episodic in nature and associated functional impairment can vary from one plan to the next. It can be the case that people use less supports than allocated through their plan, because of the effectiveness of supports being provided through the plan. If these supports are removed, their psychosocial disability could deteriorate, requiring more costly supports in the long term. It is imperative that people reviewing plans for people with psychosocial disability, have psychosocial disability specific skills, knowledge and experience in order that plans are not inappropriately reduced after plan reviews.

The NDIS Psychosocial Disability Recovery-Oriented Framework’s Principle 5 is “Being responsive to the episodic and fluctuating nature of psychosocial disability”.⁵² Mental Health Australia welcomes the action related to this principle, that the NDIA will “Review procedures for access and change of circumstances so they are more timely.”⁵³

In addition, and as recognised by the Minister for the NDIS, having to frequently re-prove functional impairment in order to keep vital supports is administratively burdensome and emotionally taxing for NDIS participants, their families and carers. In this context, Mental Health Australia welcomes the Minister for NDIS’ announcement of the intention to implement longer-term plans.⁵⁴ This should alleviate some of the administrative burden and distress associated with plan reviews.

Supported decision making and psychosocial disability

In addition, Mental Health Australia stakeholders raised concerns around the underdeveloped nature of supported decision making being exercised through the Scheme for people with psychosocial disability. The NDIS Psychosocial Disability Recovery-Oriented

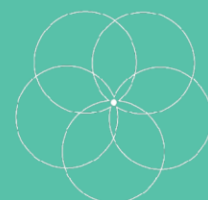
⁵⁰ National Disability Insurance Agency, *Pricing and Arrangements and Price Limits: 2022-23*, 11.

⁵¹ National Disability Insurance Agency, “Explore Data,” accessed May 17, 2023, <https://data.ndis.gov.au/explore-data>.

⁵² National Disability Insurance Agency, *National Disability Insurance Scheme: Psychosocial Disability Recovery-Oriented Framework*, 12.

⁵³ National Disability Insurance Agency, *National Disability Insurance Scheme: Psychosocial Disability Recovery-Oriented Framework*, 12.

⁵⁴ The Hon. Bill Shorten MP, *Address to the National Press Club: 18 April 2023*.



Framework Principle 4 is “Supporting informed decision making”.⁵⁵ Actions to achieve this principle are “Consider the needs of people with psychosocial disability in the development of the NDIA’s Support for Decision Making Policy” and “Develop guides and resources on decision making and evidence-based supports for participants living with psychosocial disability, families and carers.”⁵⁶ Mental Health Australia welcomes these actions alongside the recent release of the new NDIS Supported Decision Making policy.⁵⁷

Psychosocial disability specific skills, knowledge and experience

NDIA and partner staff who interact with people with psychosocial disability should have psychosocial disability specific skills, knowledge and experience. This is addressed under Question 1 above.

Proactive outreach

The NDIA should fund proactive outreach to support people with psychosocial disability to access the scheme. This is addressed under Question 1 above.

Access assessment approach

The NDIA should co-design a better approach to access assessment for people with psychosocial disability. This is addressed under Question 1 above.

Early intervention

Australian Governments should fund early intervention for psychosocial disability both through and outside of the NDIS. This is addressed under Question 2 above.

Recommendation 8

The NDIA should fund and implement the NDIS Psychosocial Disability Recovery-Oriented Framework.

Recommendation 9

The NDIA should update pricing for the Recovery Coach support item and explore alternate funding arrangements with the sector to better support recovery-oriented services.

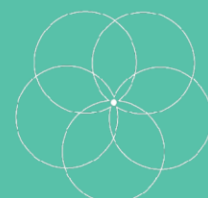
Recommendation 10

The NDIA should consider the outcomes of Mental Health Australia’s **Optimising Psychosocial Supports Project Report** in the design of NDIS plans for people with psychosocial disability.

⁵⁵ National Disability Insurance Agency, *National Disability Insurance Scheme: Psychosocial Disability Recovery-Oriented Framework*, 11.

⁵⁶ National Disability Insurance Agency, *National Disability Insurance Scheme: Psychosocial Disability Recovery-Oriented Framework*, 11.

⁵⁷ The Hon Bill Shorten MP, “Media Release from the Minister – Participants to have greater say through supported decision making”, accessed May 4, 2023, [https://www.ndis.gov.au/news/9115-media-release-minister-participants-have-greater-say-through-supported-decision-making#:~:text=National%20Disability%20Insurance%20Scheme%20\(NDIS,new%20Supported%20Decision%20Making%20Policy.](https://www.ndis.gov.au/news/9115-media-release-minister-participants-have-greater-say-through-supported-decision-making#:~:text=National%20Disability%20Insurance%20Scheme%20(NDIS,new%20Supported%20Decision%20Making%20Policy.)



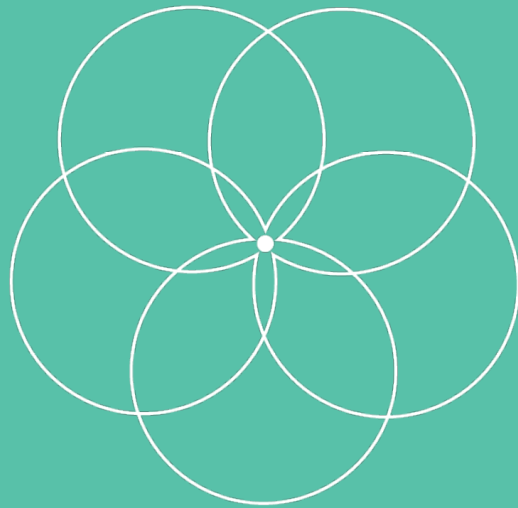
Recommendation 11

The NDIA should expedite work it has underway to respond to the episodic nature of psychosocial disability.

Conclusion

This review provides an historic opportunity to reinvigorate the NDIS to ensure it meets the needs of people with psychosocial disability and carers and families. The recommendations outlined in this submission provide some tangible steps to shift the Scheme towards this goal. Mental Health Australia looks forward to working with all stakeholders in ensuring the outcomes of this Review are translated into meaningful change for people with psychosocial disability and carers and families.





Mental Health Australia

Mentally healthy people,
mentally healthy communities

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